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JAN 18 2022	
CLERK U S DISTRICT COURT DISTRICT OF ARIZONA	
BY _____	DEPUTY _____

Adam P. Blomdahl T727047
Name and Prisoner/Booking Number

Maricopa County Jail (MCSO)
Place of Confinement

3250 W. Lower Buckeye Road
Mailing Address

Phoenix, AZ 85009
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

Adam Paul Blomdahl
(Full Name of Plaintiff)

Plaintiff,

v.

(1) Sheriff Paul Penzone
(Full Name of Defendant)

(2) Sgt. Munoz

(3) Ofc. Cuevas

(4) CHS "Chelsea" (034)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV22-00094-PHX-MTL--DMF

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT BY A PRISONER

"Jury Trial Demand"

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: Maricopa County Jail (MCSO) PHX/AZ

B. DEFENDANTS

1. Name of first Defendant: Paul Penzone. The first Defendant is employed as: Sheriff at MC50.
(Position and Title) (Institution)
2. Name of second Defendant: Sgt. Munioz. The second Defendant is employed as: Intake Officer at Watkins Jail (MC50).
(Position and Title) (Institution)
3. Name of third Defendant: Officer Cuevas. The third Defendant is employed as: Pod floor Officer at 4th one jail (MC50).
(Position and Title) (Institution)
4. Name of fourth Defendant: Chelsea (034). The fourth Defendant is employed as: County Health Services at 4th one jail (MC50).
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 3. Describe the previous lawsuits:
- a. First prior lawsuit:
- Parties: Blondahl v. Jaffe et al.
 - Court and case number: CV19-00227-PHX-MTL (DMF)
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?) case was Appealed in 9th Cir. and is currently pending
- b. Second prior lawsuit:
- Parties: Blondahl v. Jones et al.
 - Court and case number: 2:20-CV-01207-PHX-MTL (DMF)
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?) case in Settlement stage (pending).
- c. Third prior lawsuit:
- Parties: Blondahl v. Shinn et al.
 - Court and case number: 2:21-CV-01863-MTL (DMF)
 - Result: (Was the case dismissed? Was it appealed? Is it still pending?) case is currently pending.

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: 14th Amendment, Due process claim.

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Sheriff Penzone has a policy in place in (MCSO) jail, that is a custom and practice, to deny Plaintiff as an inmate, to file grievances and to complete health screening upon the booking process. The failure in "Penzone's" intake practice/policy, has caused a threat to Plaintiff's safety and has caused serious medical injury, by a housing unit misclassification and excessive force. Plaintiff transferred from ADC to (MCSO), intake at Watkins Jail on Sept. 10th, 2021 and while going through the booking process, had requested to grieve due to his current legal/medical claims. Plaintiff has been requesting injunctive relief due to overcrowding in the jail system, and a single man cell as a pro-per classification, by statute and violence. Also, as a veteran, Plaintiff has PTSD and ASPD on a single cell medical housing claim (ADA). On "Penzone's" custom and Policy, Sgt. Munioz has threatened Plaintiff's safety by denying him the ability to file a grievance and complete his health screening, causing a serious medical injury, by a housing unit misclass and excessive force (in Count II). While at intake at Watkins jail, Plaintiff was having an anxiety attack, resisting the violent force integrated policy, asked to speak to Sgt. & file a griev. Sgt. Munioz told Plaintiff that, "no inmate can file a grievance in intake" and "you must be transferred first to your unit, then you can file a griev." Plaintiff was unable to complete his health screen because it included a medical claim for a single man cell, (CHS) Co. health serv. told Plaintiff that "it is (MCSO) policy for classification and you must file a grievance, which under Penzone's policy, caused Plaintiff's misclass/injury.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

By Sheriff Penzone's policy and Sgt. Munioz following orders to refuse Plaintiff an ability to file a grievance and complete a (CHS) screening a med. claim for single man housing and proper classification per 313-751, had led to his misclass causing serious medical injury (cognitive dysfunction), TBI, and a claim for damages in (Count II).

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

COUNT II

1. State the constitutional or other federal civil right that was violated:

Due Process14th Amendment

2. Count II. Identify the issue involved. Check only one. State additional issues in separate counts.

☐ Basic necessities☐ Mail☐ Access to the court☐ Medical care☐ Disciplinary proceedings☐ Property☐ Exercise of religion☐ Retaliation☒ Excessive force by an officer☐ Threat to safety☐ Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On Sept. 14th 2021 Officer Cuevas had used excessive force and violence by assaulting Plaintiff during a misclassification event in the "CC" 3hr unit. As a result of the (Count I) failed policy in MCSO, Plaintiff was brutally beaten and pummeled by "Cuevas" and (3) three other unknown officers, causing serious injuries, pain and suffering and emotional distress. Also, deliberate indifference in (Count III) by CHS to deny adequate treatment making injuries worse, to keep a medical records from implicating dangerous assaulting officers. MCSO conducted an unfair investigation and lied on reports. Plaintiff recalls an unknown Sergeant taking a videotape of the incident and has made repeated requests to retain and view any and all video tapes of this excessive force incident, i renews req. here. During this 9/14/21 event Plaintiff's prior grievances about the intake policy (Count I) for the past 3 days were ignored, retaliation for this misclassification. Plaintiff was sound asleep in his cell, wearing only pink underwear, resting to go to court the next day, when all of a sudden Ofc. Cuevas violated 3hr unit policy, by popping his cell door cussing & threatening Plaintiff, who got up scared & surprised, being cornered & trapped, felt like Ofc. Cuevas was going to come into the cell and try to rape Plaintiff (PREA), then he instantly left the cell, when "Cuevas" punched Plaintiff in the head. Plaintiff had resisted the Ofc's attack and surrendered when the other officers arrived mins. later, then he was pummeled, punched/kicked in the head, when Plaintiff was not a threat or fighting at all. Ofcs jumped on his back & picked him up twisting Plaintiff's wrist, torturing him and throwing him down and jumping on his back again in the hallway, then he blacked out, does not remember what next.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Named Ofcs, ex. force caused serious re-injury of Plaintiff's, back, neck, spine, wrist and knee, slipped disk-lumbar strain, dislocated wrist, exacerbated injury to his arthritic knee, TBI, multiple concussion, blurred vision, cognitive dysfunction, headaches, nausea, joint pain, memory loss, brain bleeding, bruising and extreme suffering and emotional distress.

5. Administrative Remedies.

1. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?

☒ Yes☐ No

2. Did you submit a request for administrative relief on Count II?

☒ Yes☐ No

3. Did you appeal your request for relief on Count II to the highest level?

☒ Yes☐ No

4. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

COUNT III

1. State the constitutional or other federal civil right that was violated: 14th Amendment, Due Process (deliberate indifference)

2. Count III. Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On Sept. 15th, 2021 a (DAR) Disc. Action Report was filed against Plaintiff regarding the ex. force incident in Count II, (CHS) CO. health serv. "Chelsea" (034) was identified as the nurse responding to treat Plaintiff, by Ofc. Hess. After Plaintiff had been brutally assaulted, punched/kicked in head by officers (Count II), blacked out, was forced to wear spit-mask & has blurry vision could not identify any staff and was not treated, even though he had obvious bumps, scrapes cuts and bruises, internal & external bleeding, contrary to Ofc. Hess's report. (9/15/21). CHS "Chelsea" knew of and disregarded an excessive risk to Plaintiff's health & safety, & by not treating Plaintiff's injury, his injury has worsened, (TBI) Traumatic Brain Injury, (cognitive dysfunction). Plaintiff was forced transferred from 3hr to SMU, slammed down face first again in the cell (SMU) and was denied all basic needs, including a matt for almost a week (7) seven days. While in the cell (SMU), Plaintiff saw an unknown sergeant holding a camera-video taping. Also, had asked a nurse then, (CHS) "Chelsea" if she could take Plaintiff to the hospital, because he complained of fractures, slipped disc in back, dislocated wrist, concussion and because Plaintiff "blacked out" as suffering from (TBI), blurry vision and cognitive dysfunction, asked to see a doctor for x-rays but was denied even to be removed from the cell for medical screening. Deliberately indifferent to his med. needs, worsening condition w/o treatment, to this day still suffering from headaches & joint pain all over, and still being denied a chance to visit a doctor / provider, preventing record implicating officers.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Plaintiff has & is suffering from injuries connected to a failed (MCSO) policy, (Count I & II), has been re-injured by multiple concussions, joint/back pain, slipped disk, lumbar strain, knee/wrist dislocation and has been left untreated making conditions worse, deliberately indifferent to serious medical needs, still suffering TBI, multi-neglected physical injuries and emotional distress, extreme pain.

5. **Administrative Remedies.**

- | | | |
|--|---|-----------------------------|
| 1. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you submit a request for administrative relief on Count III? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did you appeal your request for relief on Count III to the highest level? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. | | |

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Plaintiff asks for injunctive relief on policy, as there is a liberty interest involved and is suing named defendants in their official and individual capacities. Plaintiff asks for an out of court/jury trial, punitive damages and compensatory damages of (5) five million (U.S.D.) dollars. Also, pursuant to A.R.S. § 12-341.0 requests a recovery of attorneys fees, including filing fees, litigation costs/materials, legal costs - medical bills related. There has been and continues to be needless pain and suffering on policy and emotional distress/harm threatened & caused by defendants to Plaintiff and prays for the physical/mental relief, from the continued extreme violence.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

1/10/22
DATE



SIGNATURE OF PLAINTIFF

(Pro-Se) Adam Paul Blondahl

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

**MARICOPA COUNTY SHERIFF'S OFFICE
INMATE LEGAL SERVICES**

CERTIFICATION

I hereby certify that on this date January 12, 2022

In accordance with the instruction received from the inmate and the rules of this Court, I mailed the original and one (1) copy to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

___ Hon _____ United States District Court, District of Arizona.

___ Hon _____ United States District Court, District of Arizona.

___ Attorney General, State of Arizona, _____

___ Judge _____ Superior Court, Maricopa County, State of Arizona.

___ County Attorney, Maricopa County, State of Arizona _____

___ Public Defender, Maricopa County, State of Arizona _____

___ Attorney _____

___ Other _____

A. Callaghan
Legal Support Specialist Signature

B3853
S/N

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009